

IDAHO VITAL STATISTICS CERTIFICATE REQUEST

P.O. Box 83720 • Boise, ID 83720-0036 • www.healthandwelfare.idaho.gov

Instructions for completing this form are located on the back of this document. Please read these instructions carefully. Failure to do so may cause a significant delay in processing your request.

YOUR MAILING ADDRESS INFORMATION (PERSON REQUESTING THE CERTIFICATE)					
FULL FIRST NAME		FULL MIDDLE NAME		FULL LAST NAME	
STREET AND NUMBER (P.O. BOX)			CITY		STATE, ZIP CODE
CONTACT PHONE NUMBER (DAY TIME)			YOUR RELATIONSHIP TO NAME ON CERTIFICATE (SELF, MOTHER, ETC.)		
PURPOSE FOR THE CERTIFICATE					
SIGNATURE OF THE PERSON REQUESTING THE CERTIFICATE:					
REQUESTS MUST INCLUDE A COPY OF GOVERNMENT-ISSUED PICTURE ID OF THE PERSON REQUESTING THE CERTIFICATE (SEE INSTRUCTIONS ON THE BACK OF THIS DOCUMENT).					

CERTIFICATE INFORMATION: BIRTH, DEATH, STILLBIRTH, MARRIAGE OR DIVORCE MUST HAVE OCCURRED IN IDAHO . (Birth, death, and stillbirth certificates are available from July 1911 to present, marriage and divorce certificates are available from May 1947 to present.)					
BIRTH					
NAME ON CERTIFICATE:					
FULL FIRST NAME		FULL MIDDLE NAME		FULL LAST NAME	
DATE OF BIRTH		CITY OF BIRTH		NUMBER OF COPIES YOU ARE REQUESTING	
FATHERS NAME:					
FULL FIRST NAME		FULL MIDDLE NAME		FULL LAST NAME	
MOTHER'S MAIDEN NAME:					
FULL FIRST NAME		FULL MIDDLE NAME		FULL LAST MAIDEN NAME	
<input checked="" type="checkbox"/> INDICATE CERTIFICATE REQUESTED: DEATH <input type="checkbox"/> STILLBIRTH <input type="checkbox"/>					
NAME ON CERTIFICATE:					
FULL FIRST NAME		FULL MIDDLE NAME		FULL LAST NAME	
DATE OF DEATH		CITY OF DEATH		NUMBER OF COPIES YOU ARE REQUESTING	
<input checked="" type="checkbox"/> INDICATE CERTIFICATE REQUESTED: MARRIAGE <input type="checkbox"/> DIVORCE <input type="checkbox"/>					
HUSBAND'S NAME:					
FULL FIRST NAME		FULL MIDDLE NAME		FULL LAST NAME	
WIFE'S NAME:					
FULL FIRST NAME		FULL MIDDLE NAME		FULL LAST NAME (at time of event)	
DATE OF EVENT		CITY OF EVENT		NUMBER OF COPIES YOU ARE REQUESTING	

FEES		
CERTIFIED COPY @ \$13.00 EACH	=	
CERTIFIED PHOTOCOPY @ \$13.00 EACH + 5.00	=	
PROCESSING FEE	=	
SPECIAL HANDLING @ \$5.00 (RUSH ORDERS ONLY)*	=	
TOTAL ENCLOSED	=	

*Add a one-time only charge of \$5.00 for rush orders. There is no shipping charge for regular mail. If express mail return is desired, please include a pre-paid postal envelope. We cannot send your order C.O.D. See the back of this document for further information regarding fees.

PLEASE READ THESE INSTRUCTIONS CAREFULLY

WHO CAN ORDER

Only immediate family members, their legal representative, or those who provide documentation showing it is needed for their property right may order legally confidential certificates. Immediate family includes: spouse, sibling, parent, child, grandparent, and grandchild.

Proof of relation may be required. Step-relatives, in-laws, great-grandparents, aunts, uncles, cousins, etc. are not immediate family as defined by Idaho Statute.

IDENTIFICATION IS REQUIRED

The person signing this request must provide a photocopy of their driver's license or other legal picture identification with a signature. If this is not available, two other forms of identification are required; one **MUST** have a signature. *Please include photocopies of **both sides** of the ID when mailing your request.*

SUGGESTED IDENTIFICATION

Picture ID with a Signature	OR Two Forms of ID – One MUST have a Signature		OR
<ul style="list-style-type: none">• Driver's License• State ID Card• Passport• Military ID Card• Tribal ID Card	<ul style="list-style-type: none">• Social Security Card• Work ID Card• Car Registration/Insurance• Doctor/Medical Record• Fishing License• Canceled Check (not a voided check)• Utility Bill with current address• Voter Registration Card	<ul style="list-style-type: none">• Credit/Debit/ATM Card• School ID Card• Library Card• Insurance Record• Pay Stub• Traffic/Pawn Ticket• Court Record• Year Book	<ul style="list-style-type: none">• Notarized letter (you must provide the original letter, not a photocopy or faxed copy)• Have an immediate family member that has an ID order it.

IMPORTANT: If acceptable identification is NOT enclosed, and/or your application is incomplete, your request will be returned and significant delays in processing your order may occur.

FEES

Each certified copy is \$13.00. Certified copies are computer-generated and are valid for all legal purposes. If the requested certificate cannot be found, the \$13.00 fee will be used for a search, and a statement of search will be issued. A certified *photocopy* (not computer-generated) of a certificate can be ordered for \$18.00; each additional certified photocopy of that record, ordered at the same time, is \$13.00. The Processing fee to complete an adoption, paternity, court order/name change at the same time is \$13.00. Make checks or money orders payable to Vital Records.

To order by fax or on-line, please see our website at <http://www.healthandwelfare.idaho.gov/> or call VitalChek at 877-315-4942. *Additional charges will apply.*

SUBMITTING THE REQUEST

Complete the request form and mail it to the address on the front of the form. Remember to sign your request and enclose the correct fees and a copy of *both sides* of a picture ID.

CONTACT INFORMATION

For additional information on obtaining Idaho Vital Records, please call (208)334-5980.

WARNING: False application for a certified copy of a vital record is a felony punishable by a fine up to \$5,000, five years in prison, or both (*Title 39, Chapter 2, Idaho Code*).